
THE IMPACT OF TOBACCO AND CIGARETTE SMOKING IN ORAL HEALTH AMONG RESIDENTS OF PUBLIC HOUSING

October 15, 2025



Housekeeping Items

- All participants muted upon entry
- Engage in chat
- Raise hand if you would like to unmute
- Meeting is being recorded
- Slides and recording link will be sent via email



Moderators



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Technical Assistance
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Irene Hilton, DDS, MPH, FACD



- Served on the Board of Directors for six years at NNOHA
- Received her DDS degree from UCSF, her MPH from UC Berkeley and is board certified in dental public health
- Member of the Best Practices Committee of the Association of State & Territorial Dental Directors and the executive committee of the ADA's Dental Quality Alliance



Eva Book Martin, CHES, CTTS



- Senior Manager | Nationwide Tobacco Programs at the American Lung Association (ALA)
- Leads expert content for gold-standard tobacco cessation programs
- Supports asthma and general tobacco initiatives across the country



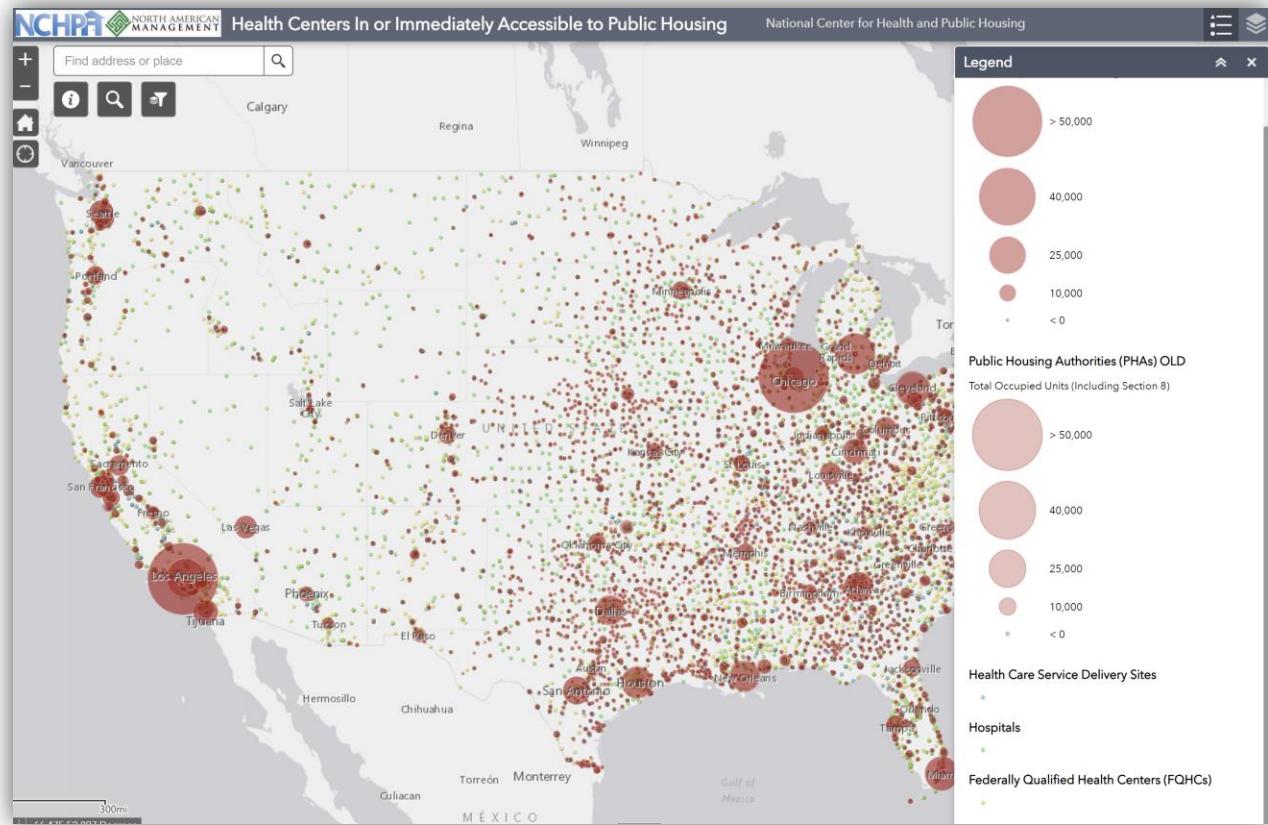
Today's Objectives

1. Examine tobacco use trends among public housing residents.
2. Understand the role of dental teams in tobacco cessation, including evidence-based interventions like the 5 A's.
3. Explore practical tools, resources, and strategies for implementing integrated tobacco cessation programs in health centers.



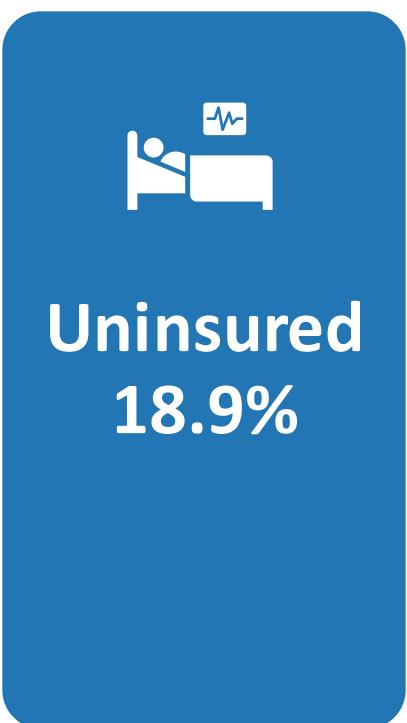
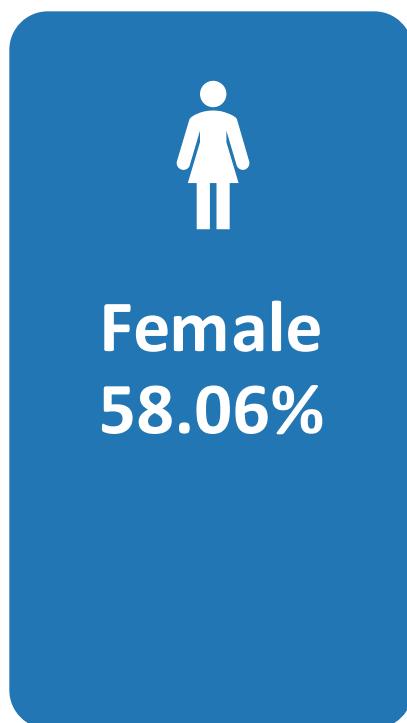
Location of Public Housing Primary Care Health Centers (PHPCs) and Public Housing Developments

- **1,359** Health centers =
32.3 million patients
- **485** Health centers near public
housing =
6.7 million patients
- **107** Public Housing Primary
Care(PHPC) Grantees =
1.1 million patients



PHPC Health Center Patient Demographics

2024



PUBLIC HOUSING RESIDENT DEMOGRAPHICS

1.6 million residents

2 persons per household

32% female headed households
with children

PUBLIC HOUSING RESIDENT DEMOGRAPHICS

35% children

40% elderly (62+)

23% disabled amongst all
persons in households

90% Very Low Income

TOBACCO USE IN HEALTH CENTER PROGRAMS

Tobacco Use Disorder Table 6a Line 19a	All Health Centers	PHPCs
	N of patients	N of patients
Tobacco use disorder	1,499,468	48,125
Tobacco Screening and Preventive Services Table 6a Line 26c	All Health Centers	PHPCs
	N of patients	N of patients
Smoke and tobacco use cessation counseling	2,200,069	40,338

Source: [2024 UDS Table 6A](#)



Impact of Tobacco Products on Oral Health

Irene V. Hilton, DDS, MPH
NNOHA Dental Consultant
October 15, 2025



About NNOHA

- Founded in 1991 by FQHC Dental Directors who identified a need for peer-to-peer networking, collaboration, research, and support
- Membership now includes more than 5,400 dentists, dental hygienists, dental assistants, supporters, and partners



HRSA National Training and Technical Assistance Partner



Small Group Trainings



NNOHA Listserv



Annual Conference



NNOHA Oral Health
Leadership Institute
(NOHLI)



Webinars and on-demand
learning



Resources: publications,
dental forms library,
promising practices, and
more!

Visit nnoha.org or email info@nnoha.org



Types of Tobacco/Tobacco-simulation Products



Oral Cancer & Smoking

- 59,660 new cases/year
- 12,770 deaths/year
- 5-year survival rate of tongue cancer- 71%...
- Smokers 6x more likely to develop oral cancer than non-smokers

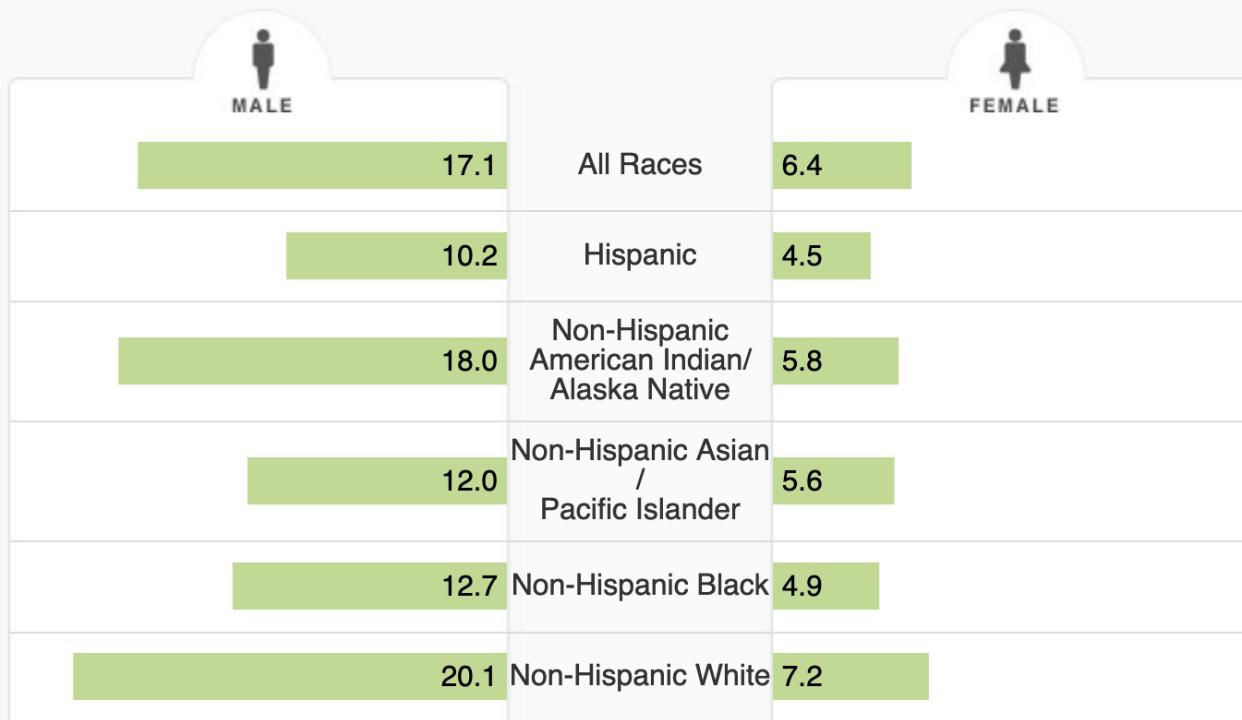


American Cancer Society 2025

National Network for Oral Health Access

Oral Cancer Rates

Rate of New Cases per 100,000 Persons by Race/Ethnicity & Sex: Oral Cavity and Pharynx Cancer



SEER 22, 2017-2021, Age-adjusted, NCI



National Network for Oral Health Access

Other Impacts of Cigarette Smoking

- Periodontal (gum) disease
- Stained teeth
- Bad breath
- Tooth decay
- Delayed healing after dental surgery

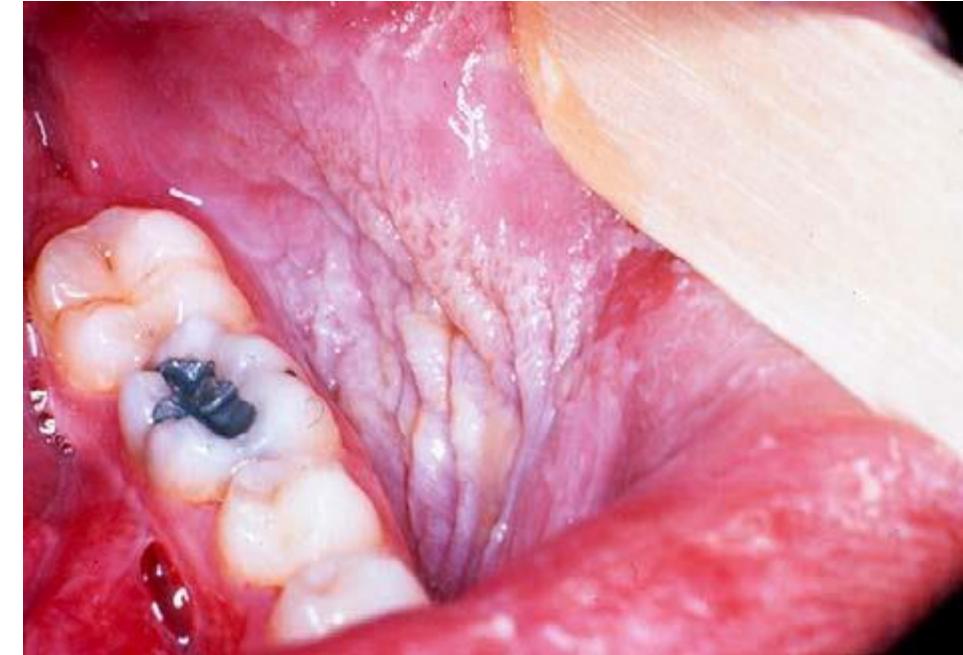


Reddit

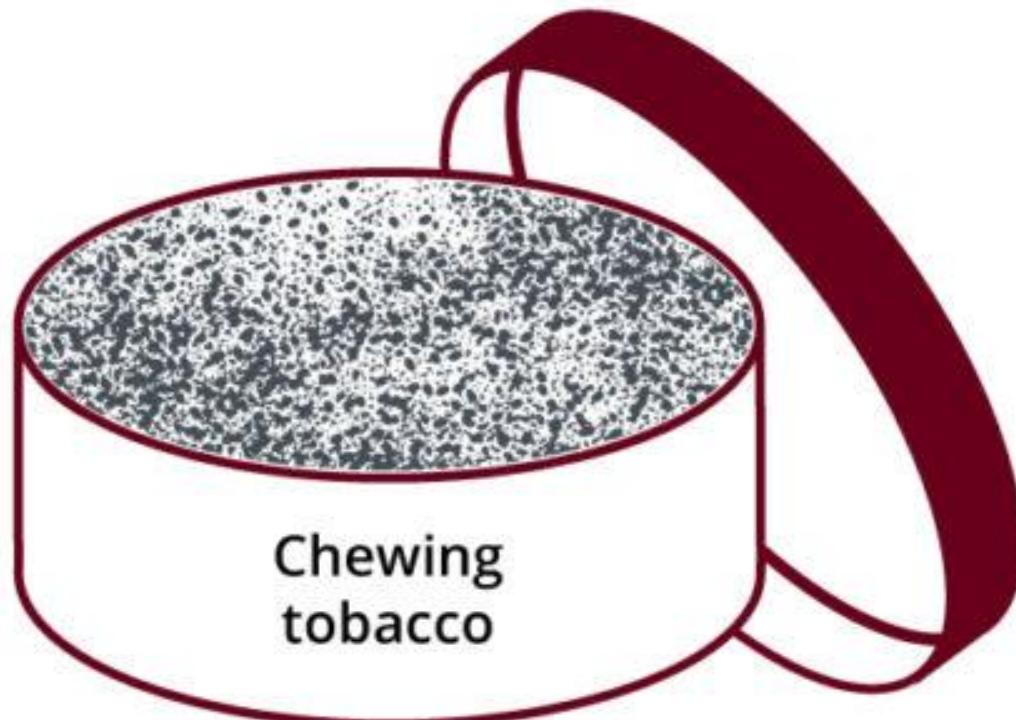


Smokeless Tobacco

- Increased risk of oral cancer
- Location- tissues that contact the tobacco
- 3.8 % of US adults use smokeless tobacco
- 4.1% of high school students use smokeless tobacco



Health risks of chewing tobacco include:



Oral cancers
(mouth, throat, cheek,
gums, lips, or tongue)



Pancreas cancer



Dental problems
(cavities, teeth staining,
and gum disease)



Esophagus cancer

Source: <https://www.mayoclinic.org/healthy-lifestyle/quit-smoking/in-depth/chewing-tobacco/art-20047428>



Waterpipe Smoking (Hookah)

- Worldwide- Middle East, Asia, and Africa
- Group activity
- Youth & young adults

Smoking a hookah is the equivalent of smoking **100 cigarettes**



Source: World Health Organization (2005); mentioned in the October 2015 issue of *The Journal of the American Dental Association*

Learn more at MouthHealthy.org



Electronic Cigarettes- Vaping

- Gum disease
- Dental cavities
- Oral mucosal lesions
- Dry mouth
- Delayed healing
- Changes in the oral microbiome

Multiple studies show E-cigarettes are a gateway to smoking conventional cigarettes for youth

Cichońska D, Kusiak A, Goniewicz ML. The Impact of E-Cigarettes on Oral Health-A Narrative Review. *Dent J (Basel)*. 2024 Dec 10;12(12):404.

Jacob AM, Escobedo Martínez MF, Barbeito Castro E, Junquera Olay S, Olay García S, Junquera Gutiérrez LM. Effects of Vape Use on Oral Health: A Review of the Literature. *Medicina (Kaunas)*. 2024 Feb 21;60(3):365.



Action Steps for Cancer Screening

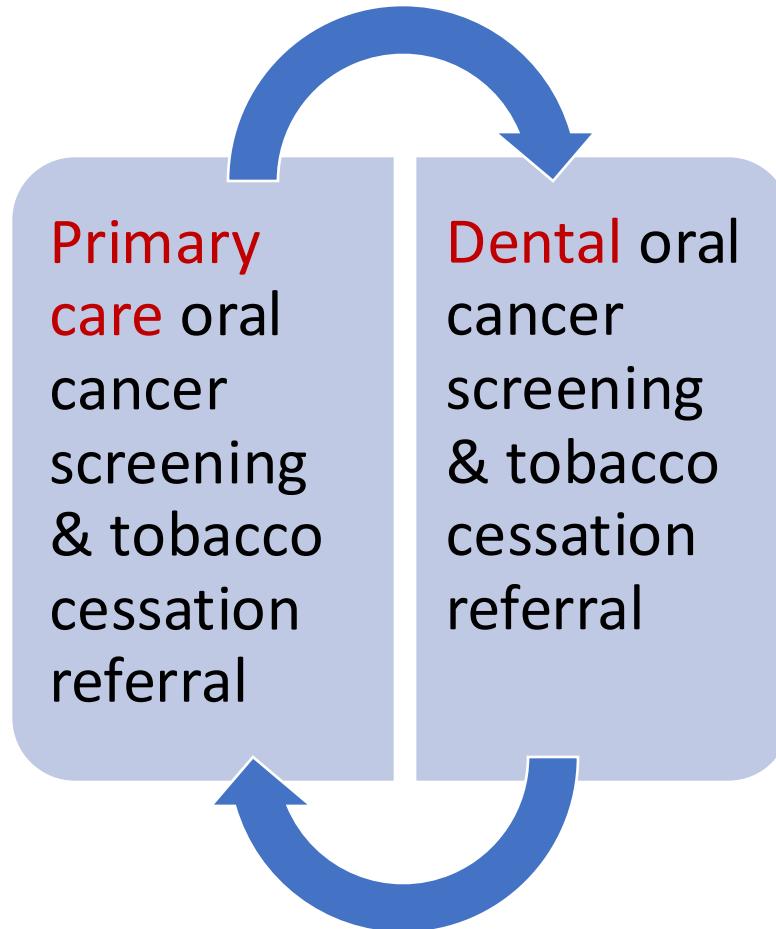
- Individuals most at risk tend to be uninsured
- Even less dental access than medical access
- Screening in the medical setting



Oral Cancer Screening



Whole-Person Care



Contact Us!



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October 2025

The Impact of Tobacco Use in Oral Health

Eva Book Martin, CHES, CTTS

Senior Manager | Nationwide Tobacco Programs
American Lung Association

Nobody knows oral health better than you.

Nobody knows the dangers of tobacco better than us.

Together, we can help your patients live healthier lives.

At the American Lung Association, we've compiled a list of resources and insights within the Oral Health Toolkit to help you navigate conversations with your patients.

These tobacco products do more than damage their smiles; they damage their health, too.



Oral Health Toolkit

Help Your Patients Smile
Bright & Live Tobacco-Free



Health Benefits of Quitting



- Improves health & increases life expectancy
- Lowers risk of 12 types of cancer
- Lowers risk of cardiovascular disease
- Lowers risk of chronic obstructive pulmonary disease (COPD)
- Lowers risk of some poor reproductive health outcomes
- Benefits people who have already been diagnosed with COPD
- Benefits people at any age

Role of Oral Health Providers

Dental Professionals

- I. Dentists should be fully aware of the oral and maxillofacial health risks that are causally associated with tobacco use.
- II. Dentists should routinely screen patients for tobacco use and provide clinical preventative services to stop first time tobacco use, as well as encourage current tobacco users to quit.



Role of Oral Health Providers

Dental Hygienist

- I. Dental hygienists typically spend more time with patients than dentists, and your role is more focused on prevention, making you a wonderful referral source for smoking cessation programs and resources.
- II. As a dental hygienist, you can play an important role in tobacco cessation by documenting tobacco use history and offering brief advice and printed materials as a routine part of clinical practice.



Role of Oral Health Providers

Dental Office Staff

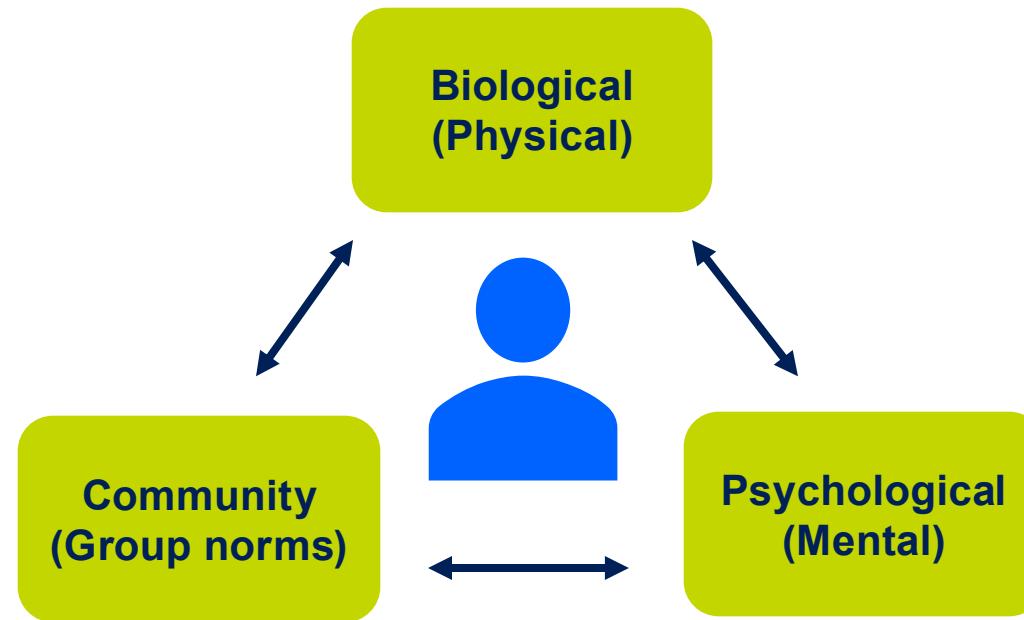
- I. Front desk administrators, schedulers, and other support staff are often the first and last point of contact. You can keep smoking cessation information handy in case the patient requests it.



Understanding Your Patients

Why It's Hard to Quit

- **Bio**
 - Physical dependence on nicotine's effects (mood, appetite, arousal)
- **Psycho**
 - Habit loops & emotional coping
 - Triggers (routine, environment)
- **Community**
 - Group norms, smoke-break rituals
 - Identity and support networks



Tobacco Treatment

Core Beliefs About Cessation

- Everyone can quit.
- You don't have to quit alone.
- Every moment you don't use tobacco is a success.
- You had to learn how to use tobacco and you have to learn how to quit.
- It takes most tobacco users several tries before they're able to quit for good.
- One size doesn't fit all.
- Combine a cessation **counseling program** and **medication** for the best results.
- A slip isn't the same as relapse.

Cessation Intervention

Ask, Advise, Assess, Assist, Arrange



- **ASK** about tobacco use at every visit
- **ADVISE** the user to quit
- **ASSESS** their willingness to quit
- **ASSIST** with a quit plan
- **ARRANGE** follow up contact



Approach	Suggested Action
ASK	<p>“Do you ever smoke or use any type of tobacco product?”</p> <p>“How often do you use it?”</p>
ADVISE	<p>“There have been some tissue changes in your mouth, and your gum health is getting worse since your last visit. It looks like the use of tobacco is affecting your health.”</p> <p>“The best thing that I can do for you today to protect your current and future health is to advise you to quit”</p>
ASSESS	<p>“Would you like to try to quit in the next month/year?”</p> <p>“On a scale of 0-10 (0 being not at all important and 10 being very important), how important is it for you to quit?”</p>
ASSIST	<p>For patients who are ready to quit: “Would you like to create a quit plan with me today?”</p> <p>For patients who are not ready to quit: Provide a brief intervention or motivational interview using strategies to enhance patient readiness, confidence, and conviction to make a quit attempt.</p>
ARRANGE	<p>For patients who are not ready to quit: “If it’s okay with you, I’d like to check in with you at your next appointment to see where you are in your decision-making.”</p> <p>For patients who are ready to quit: “If it’s okay with you, I’d like to schedule a follow-up appointment or phone call to discuss your progress</p>

Cessation Intervention

Ask, Advise, Refer



- **ASK** about tobacco use at every visit
 - “Do you smoke, vape or use any other form of tobacco”?
- **ADVISE** the user to quit
 - “Quitting is challenging, and it is the single best thing you can do for yourself. There are programs and medications that can help you quit. Are you willing to give quitting a try?”
- **REFER** the tobacco user to cessation services
 - “The American Lung Association is equipped, there to help you go tobacco-free! You can reach them at 1-800-LUNG-USA or Lung.org.”

Freedom From Smoking®



- Voluntary, interactive and supportive
- Addiction-based model with behavior change focus
- Supports use of cessation medications
- Multiple delivery options:
 - Freedom From Smoking® in-person group clinic *
 - Freedom From Smoking® Plus *
 - Lung HelpLine *
 - Freedom From Smoking® self-help guide *

Visit Lung.org/FFS!



The American Lung Association has you covered. Find the support that works best for you.



Freedom From Smoking® Group Clinics

Although the first step can be hard, finding your path to a tobacco-free life is easier with the right help. The American Lung Association's Freedom From Smoking® program is a proven way to quit tobacco use—and stay quit—even if you've tried before and went back to using tobacco.

The Freedom From Smoking group clinic includes eight sessions and features a step-by-step plan for quitting tobacco use. The clinic format encourages participants to work together to address problems of quitting both individually and as part of a group.

Lung.org/ffs



Lung HelpLine & Tobacco Quit Line

Staffed by experienced and knowledgeable registered nurses, registered and certified respiratory therapists, a pharmacist and counselors who have certifications including Tobacco Treatment Specialist, the Lung HelpLine can answer your questions, help you have and can provide telephone counseling from an expert over the course of your journey to a tobacco-free lifestyle. In addition, the Lung HelpLine can advise on nicotine replacement therapy options that may be helpful in your quit journey.

The Lung HelpLine also has bilingual Spanish-speaking staff who can provide language interpretation service for more than 250 languages. Our counseling is free, and there is no limit to the number or length of calls.

1-800-LUNGUSA



Freedom From Smoking® Plus

There are now more former tobacco users in the United States than current tobacco users—and you could be one of them!

One of the most effective quit smoking programs in the country, Freedom From Smoking® has a new online quit tobacco experience with the new Freedom From Smoking® Plus. The interactive program allows you to create a unique quit smoking plan on your computer, tablet or smartphone.

With videos, quizzes and activities, Freedom From Smoking® Plus helps you quit tobacco with a step-by-step guide that includes:

- Knowing you are ready to quit
- Setting a quit date and making a plan
- Medications that can increase your success
- Lifestyle changes to help you quit
- Coping strategies for managing stress
- How to stay tobacco-free for good

FreedomFromSmoking.org



Freedom From Smoking® Self-Help Guide

The Freedom From Smoking® self-help guide can be used by individuals interested in quitting at their own pace and on their own time through a self-guided method of quitting. Based on the American Lung Association's proven Freedom From Smoking group clinic, the guide covers identifying triggers, removing roadblocks, addressing physical, mental and social aspects of addiction, preparing for quit day, handling social situations, dealing with relapse and how to stay on track with lifestyle changes.

This 55-page interactive self-help workbook is available in English and Spanish, is \$3.99 each and can be ordered through the Lung HelpLine.

Lung.org/ffs



American Lung Association

Cessation Resources

Educational Trainings & Resources



- Free trainings include:
 - Tobacco Basics
 - How to Help People Quit
 - Ask, Advise, Refer to Quit Don't Switch
 - ACT To Address Youth Cessation
 - Talking to Your Child About Vaping



Visit [Lung.Training](https://www.lung.org/training) for access to these free trainings!

Quick Reference Guides

Tailored Materials for Patients

- Quick Reference Guides
 - Building a Quit Plan
 - Ask-Advise-Refer
 - Motivational Interviewing
 - Stages of Change
 - Tips to Quit
 - Using Scales
- One Pagers
 - Secondhand Smoke
 - Thirdhand Smoke
 - Quitting Benefits
 - Health Effects

Visit Lung.org/QuitSmoking!

American Lung Association Tobacco Cessation Quick Reference Guide: Motivational Interviewing

Motivational interviewing (MI) is the counseling method that works on facilitating and engaging intrinsic motivation within an individual in order to change their behavior. It helps individuals explore and resolve their ambivalence around quitting. In motivational interviewing, no one person tells the other what they should or shouldn't do. Nor do they try to convince or persuade them into taking action. Instead, this method is used to guide an individual in self-identifying and resolving what is preventing them from success.

How can you use motivational interviewing to address an individual's resistance to end their tobacco use?

- Respect the individual's ultimate responsibility for making a decision.
- Avoid arguing or confrontation, as this could push an individual in the opposite direction, away from a healthy change.
- Support an individual's confidence to change and learn how to change.
- Express empathy. Help the individual see the discrepancy between their negative behavior and desired goals.

Interaction Skills

In order to successfully use motivational interviewing with an individual, you must first establish your basic interaction skills.

1. **Ask open-ended questions.** An open-ended question requires a full answer using the individual's own knowledge or feelings. If the answer can be "yes" or "no," or if the answer is always the same, it is a closed question. For example, "How do you feel about those?" "Could you tell me some of the health effects you've experienced from using tobacco?" or "Could you tell me what you look forward to most about quitting and what you will experience?"
2. **Paraphrase.** Paraphrasing is a technique that uses the speaker's own words to repeat what they said. It is a great skill to use when a trigger occurs. An example of an affirming response is, "You have a lot of great ideas on different alternatives to use when a trigger occurs." Or "I appreciate that you are willing to try the deep breathing exercise even though it isn't something you normally do."
3. **Reflective Listening.** Reflective listening is where you are seeking to understand a speaker's idea and offering it back to them. This is a great skill to use when you are trying to engage others in relationships, build trust and foster motivation to change. There are three basic levels:
 - a. **Repeating or rephrasing.** Listener repeats or substitutes synonyms or phrases, staying close to what the speaker said.
 - b. **Paraphrasing.** Listener makes a restatement in which the speaker's meaning is inferred.
 - c. **Reflecting a feeling.** Listener empathizes another's aspects of communication through feeling statements. This is the most advanced level of listening.
4. **Providing Summary Statements.** Summary statements help to ensure there is clear communication between the speaker and listener. They can provide a steppingstone towards change. When summarizing, begin with an opening letting the participant know you are summarizing what they just told you. Use statements such as "Let me summarize what you just told me. Is that correct?" or "Is that what you meant?" Recap what they have told you in a clear and concise way. End with an invitation for them to correct you if anything you summarized was omitted. For example, "Anything you want to add or correct?"

American Lung Association Tobacco Cessation Quick Reference Guide: Getting Ready for Your Next Office Visit—Quitting Tobacco Use

My Reasons for Quitting:

It's common to feel conflicted about stopping tobacco use. List the pros and cons that go through your mind when you think about quitting.

Cons of Quitting | Pros of Quitting

Note: Those positive thoughts and feelings you wrote in the pros box are your motivators to quit. Those negative thoughts and feelings you wrote in the cons box are the conflicting barriers preventing your successful quit attempt.

Timeline to quit: I want to quit:
 I've already started trying Within the next 30 days Within the next 3 months
 Within the next 6 months Within the next year

• My top tobacco use: *____* (e. morning cup of coffee, drinking, stress, etc.)
• My top coping strategies (e. use *positive self-talk*, walk the dog, deep breathing, drink water, etc.)
• My support systems (program or person): *list 3-5 outlets for support*
• My benefits to quitting (e. more money in my pocket, better quality of life to spend with my children, etc.)

Contact our Team:



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Lung.org



Our Vision
A World Free of Lung Disease

Q & A SESSION



COMPLETE OUR POST EVALUATION SURVEY



NATIONAL CENTER FOR HEALTH IN PUBLIC HOUSING

- This webinar is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$668,000 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.



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